



## Alternative Work Schedule Participation Form

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Department: \_\_\_\_\_

I have read and understand the [Alternative Work Schedule](#) policy and am requesting permission to participate in the Alternative Work Schedule program. I understand I may not begin, stop or change an Alternative Work Schedule until notified by HCM Payroll of the start or end date. Additionally, I understand that I may not change or stop participation in an Alternative Work Schedule until HCM provides confirmation of the date changes may be made.

I request to participate in schedule [AWS Calendar](#):

A  B  C  D  10MON  10TUE  10WED  10THU  10FRI

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed the request for participation in the Alternative Work Schedule program listed above. This request is  approved  denied.

Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_

HCM Use Only – The employee may begin the Alternative Work Schedule on \_\_\_\_\_

Human Capital Management \_\_\_\_\_ Date \_\_\_\_\_

### **Request to Change or Terminate Participation**

I request to change  terminate  my participation in the Alternative Work Schedule program. I understand I must remain on the alternative work schedule until notified by HCM of a change or stop date.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed the request to change or terminate participation in the Alternative Work Schedule program listed above. This request is  approved  denied.

Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_

HCM Use Only – The employee may change or terminate the Alternative Work Schedule on \_\_\_\_\_

Human Capital Management \_\_\_\_\_ Date \_\_\_\_\_

OMES reserves the right at any time to return an employee participating in an Alternative Work Schedule to his or her standard schedule for any reason as determined by agency needs.